PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 1 2 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobby	vist(s) Barbara	Kichter	DCI /·····
II. Name of lobbyist's partnership, firm or corporation, if any:			
NH AS	(Name of partnership, firm or corporation)		115SIONS
5 4 Po Business Address:	rtsmouth St. (Street) (Town/	Concord Nt (State)	(Zip Code)
(103 <u>22</u> (Telepho	<u>//- 7867</u> ()	e-mail B	arbava@NHACC.org
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).			
All reportable transactions occurring in the months prior to the reporting date relative to the following client:			
(Full Name of Client as it appears on the Lobbyist Registration Form) OR			
	transactions by the lobbyist (including articular client.	the lobbyist's family), or the lol	obying firm listed below which are
IV. Date of Repo	rt April 26, 2017 [] activity from date of registration to 3/31/1	July 26, 2017 7 activity from 4/1/17 to 6	
	October 25, 2017	January 31, 201 activity from 10/1/17 to	
	been no fees received and no repoked, complete just this form and submit 01.		
VI. Check if add	itional reports are attached:		
☐ If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses			
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement			
☐ If you, your f	irm, or your family has made political	contributions, you must file Add	lendum C Political Contributions
I have read RSA I and complete to the	t/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA 66 ne best of my knowledge and belief. Lichton byist) Richton	4 and hereby swear or affirm tha	the foregoing information is true / / 7 (Date)
(Print Name of lo			